

CLAIM AMENDMENTS

1 to 5. (Cancelled)

6. (Currently Amended) A prosthesis as in Claim 24 [1] wherein the thread or fiber is connected to each bend by a knot selected from a half hitch, a thumb knot, two half hitches or a clove hitch.

7. (Currently Amended) A prosthesis as in Claim 24 [1] wherein a proximal end of the covered portion of the prosthesis includes barbs extending from a stent of the plurality of stents through the cover to engage with the wall of the lumen when deployed.

8. (Cancelled)

9. (Currently Amended) A prosthesis as in Claim 24 [1] wherein the uncovered stent assembly is in the form of a self expanding spiral stent of zig-zag configuration.

10 to 23. (Cancelled)

24. (New) An aortic dissection treatment prosthesis comprising a proximal covered portion and a distal uncovered portion, the distal uncovered portion being fastened to and extending distally from the proximal covered portion;  
the proximal covered portion comprising a tubular body of a biocompatible graft material and at least three self expanding stents within the tubular body and supporting the tubular body to provide an outside sealing surface;  
the distal uncovered portion comprising a plurality of self expanding stents linked together by flexible links and defining an elongate substantially cylindrical lumen wall engaging surface, the flexible links comprising a thread or fiber connected between adjacent stents in the uncovered stent assembly, wherein the stents of the uncovered stent assembly comprise bends and the stents of the uncovered stent assembly are linked to adjacent stents by the thread or fiber

between adjacent bends of the stents and wherein there are from eight to ten uncovered stents of the plurality of stents in the uncovered stent assembly each of the stents being of a zig-zag type and being formed from stainless steel or nitinol;

the proximal covered portion providing a cover for an aortic dissection to close off the dissection so that blood can no longer flow therethrough and the distal uncovered portion providing gradual pressure to close a false lumen of the aortic dissection and open up a true lumen with the flexible links between adjacent bends of the stents enabling each stent to expand separately as the false lumen is closed off.